

- Leadership
- Expectations
- Transparency
- Stability

CITY OF ATLANTIC CITY  
OFFICE OF THE MAYOR

- Accountability
- Credibility
- Excellence in Execution

L.E.T.S. A.C.E. IT!



**MAYOR MARTY SMALL, SR.**

City Hall  
1301 Bacharach Boulevard • Suite 706  
Atlantic City, New Jersey 08401  
Telephone 609-347-5400

CITY OF ATLANTIC CITY CANNABIS BUSINESS  
LETTER OF SUPPORT REQUEST FORM

Please note all letter of support requests will be reviewed and approved by the City of Atlantic City for signature. All requests should be accompanied by a brief proposal detailing the benefit your business brings to the City of Atlantic City and any and all planned social equity actions. Additional information may be requested. A non-refundable administrative fee of \$500 shall be made payable to the City of Atlantic City.

Name of Business: \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_  
Contact email address: \_\_\_\_\_  
Location of Business: Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoned: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Site control: \_\_\_\_\_ (Y/N) \_\_\_\_\_  
Redevelopment Zone: Tourism District / Orange Loop / Industrial Park / Other

Why did you choose the City of Atlantic City for your operation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which State of NJ Cannabis License will be applied for? \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Minority or Woman Owned Business: \_\_\_\_\_ (Y/N) \_\_\_\_\_

Experience or Affiliation with other cannabis businesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Timeline to establish business: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of applicant representative: \_\_\_\_\_

Print: Name & Title: \_\_\_\_\_